

COMMONWEALTH of VIRGINIA

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October 30, 2009

Dear Colleague:

I'm writing today to provide you with the latest public health news on novel H1N1 to assist you in making informed clinical decisions. **Surveillance** continues to show widespread influenza activity. Reports from participating emergency departments and urgent care centers across the state reveal high outpatient utilization. This week up to 14% of visits were for treatment of suspected influenza, double the peak utilization of recent seasonal flu seasons. Virginia mirrors much of the country, with novel H1N1 influenza virus the only strain regularly identified at the state public health laboratory (DCLS) and by report from private laboratories. There have been 13 H1N1-associated deaths reported in our state since this pandemic began in the spring, all but one in individuals with known underlying medical conditions.

This brings up important <u>Direct Medical Care</u> issues. Proper use of antiviral medication can decrease morbidity and mortality. Right now, with H1N1 the overwhelming flu strain in circulation, recommended antivirals are oseltamivir (Tamiflu®), zanamivir (Relenza®) and as noted in this week's Alert, a new intravenous antiviral. <u>Individuals with conditions that put them at increased risk for complications from influenza should be aware of their risk and the need to seek medical care promptly for flu symptoms. The Virginia Department of Health is working at the public level to get this message out; you can help by communicating this information to your high-risk patients along with guidance on how they should access care if needed. High-risk conditions include such potential pulmonary-compromising conditions such as asthma, morbid obesity, and neuromuscular conditions. Other common high-risk conditions are diabetes, immune compromised state, pregnancy, and cardiac disease.</u>

The President's declaration of a national emergency due to novel H1N1 influenza eases federal regulations for the transfer of patients and medical information. We are working with our hospitals to determine the resultant practical outcomes and applications of this. Virginia has been under a declared public health emergency since I made that declaration last spring. The Virginia declaration eases information exchange between the state's public health officials and the medical community.



Vaccine continues to come on a regular basis; to date, over 500,000 doses have come to Virginia or are currently in transit. About half of this total has been released to the private sector and half to local health departments. This quantity is lower than anticipated for this time period, due to manufacturing delays, but we are maximizing every opportunity we have to bring vaccine to our state. VDH orders 100% of the vaccine allotted to our state the same day it is released. Delivery takes 3 to 7 days. As of this week, vaccine has been sent to every registered medical provider's office and every registered hospital. This will allow all registered medical providers to get the immunization of their high-risk patients underway. It is not too late to register to become an H1N1 vaccination site if you are a licensed MD or DO. Registration is done on line at our website www.vdh.virginia.gov with a link on the opening page for health professional H1N1 resources.

Community Mitigation efforts continue to primarily involve working with K-12 schools where disease impact has been high. We have confirmed novel H1N1 in adults under the age of 65 living in a congregate setting.

The Virginia Department of Health is committed to ongoing **Communication** with the public and with the medical community. We are continually working to improve the information available at our website so that people can easily get the accurate information they seek. Please consider adding a link to www.vdh.virginia.gov on your website.

I want to confirm again how proud I am of all the fine work, dedication and cooperation by all of you in responding to this pandemic. We are, by working together, saving lives and decreasing the burden of this disease. Thank you.

Sincerely,

Karen Remley, MD, MBA, FAAP

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State Health Commissioner